



AGREEMENT FOR SINGLE FAMILY WATER USE EFFICIENCY PROJECT

This agreement is entered into as of _____ 2009/2010 by and between Miami Dade County Florida Yards & Neighborhoods (FYN) Program in collaboration with the Urban Conservation Unit (UCU) AND _____ Single Family Homeowner hereinafter referred to as the SFH under the following **TERMS**:

1. The SFH will be contacted to schedule a pre-evaluation of his/her irrigation system by the UCU.
2. The SFH is responsible for the proper installation of the soil moisture sensor (SMS) and controller system and will be advised of irrigation system recommendations by the UCU pre-evaluation report. The UCU report will include recommendations which should be implemented in order to make his/her irrigation system more water efficient.
3. The Miami Dade Water & Sewer Department (MDWASD) will provide the SMS and controller system for the SFH. SMS installation must be completed within 6 months of pre-evaluation or before September 30, 2010, whichever comes first.
4. On completion of installation of the SMS and controller system, the SFH will contact the UCU to conduct a post-evaluation to determine if upgrade/retrofits have been made to the irrigation system and to verify that the irrigation system is operating successfully with the soil moisture sensor so that irrigation only occurs when the sensor indicates it is needed.
5. The SFH will be made aware of other water conservation programs available by the MDWASD through the UCU.
6. The SFH will also be given educational materials on the Florida-Yards & Neighborhoods Program and the possibility of Florida-Friendly Yard recognition.
7. The SFH will allow the UCU to release copies of both pre and post evaluation reports to FYN, MDWASD, and SFWMD.
8. The SFH agrees to hold harmless FYN and the UCU for any loss or damage to SFH property or landscaping.

SFH Authorized Representative (Print Name) _____ **Phone** _____

Address _____ **Signature** _____ **Email** _____

FYN Authorized Representative (Print Name) _____

Address 18710 SW 288 St.
Homestead, FL 33030

Phone 305-248-3311 x 239
Fax 305-246-2932

Signature _____

Date signed _____

UCU Authorized Representative (Print Name) _____

Address 18710 SW 288 St.
Homestead, FL 33030

Phone 305-248-3311
Fax 305-246-2932

Signature _____

Date signed _____